

## Address Change Form with Return Address

### 1. Participant Identification (Required Fields)

Plan Name: **Federal Signal Retirement Plan**      Paygroup # : **30100171**      XXX - XX -  Beneficiary  
Social Security Number

Payee Name: \_\_\_\_\_  
Last First MI

### 2. Address Change Instructions (Required Fields)

Old Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a permanent change?    Yes     No

### 3. Notary Public Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_ State of \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 4. Participant Signature

I acknowledge that the above information is true and accurate.

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Retiree Phone Number: \_\_\_\_\_

Please retain a copy for your records and return the original to:

**Bank of America**  
**Mailstop: NJ2-140-03-21**  
**1400 American Blvd.**  
**Pennington, NJ 08534**